

00-SM5-142

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AUG 17 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):)	Group Art Unit: 1763
)	
Kinnard <i>et al.</i>)	Confirmation No.: 2272
)	
Serial No.: 10/071,908)	Examiner: Zervigon, Rudy
)	
Filing Date: February 8, 2002)	Docket No.: 00-SM5-0142 (ATI-0009)

Title: REACTOR ASSEMBLY AND PROCESSING METHOD

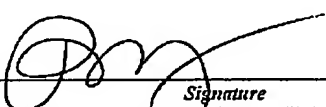
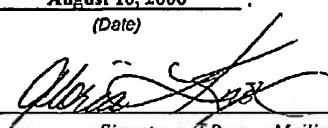
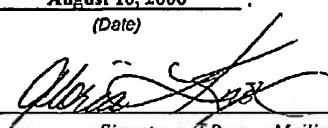
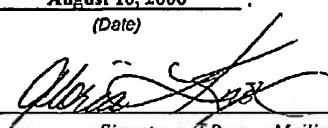
AMENDMENT F

VIA FACSIMILE TO EXAMINER ZERVIGON: (571) 273-1442
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is submitted in response to the Telephone Conference on August 16, 2006. Please amend the application as follows.

AUG 17 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 00-SM5-0142 (ATI-0009)									
Applicant(s): Kinnard et al.														
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.									
10/071,908	February 8, 2002	Zervigon, Rudy	23413	1763	2772									
Invention: Reactor Assembly and Processing Method														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	25 -	36 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 16-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: August 16, 2006											
Peter R. Hagerty, Esq. Reg. No. 42,618 Customer No. 23413 Phone: 404-607-9991 Facsimile: 404-607-9981			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">August 16, 2006</td> <td style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Gloria L. Knox (Via Facsimile: 571-273-1442) Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		August 16, 2006	(Date)	 Signature of Person Mailing Correspondence		Gloria L. Knox (Via Facsimile: 571-273-1442) Typed or Printed Name of Person Mailing Correspondence	
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August 16, 2006	(Date)													
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cc:														

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